

Attorney Docket No.: TRAN-P045

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

•	I hereby ce First Class	rtify that this tra	insmittal of the below ded	described document is being deposited with the United States Postal Service in an envelope bearing oner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on the below date of deposit.									
	Date of Deposit:	12/09/05		JOSE S.GARCIA		Jose G. Caria							
-	In re Ap	plication of	: ROZAS et al.										
	Serial N	o.: 10/62	2,028		Examiner: TRAN, D.								
	Filed:	07/16/20	03		Art Unit: 2189								
	Confirmation No.: 2248												
	For: SUPPORTING SPECULATIVE MODIFICATION IN A DATA CACHE												
	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450												
	AMENDMENT TRANSMITTAL												
	1.	Transmitte	ted herewith is an amendment for this application  herewith is a response to an office action for the above identified patent application.										
	(	22 st insmitted h											
	2.	Applicant is	other than a sma	all entity									
	Extension of Term												
	3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.												
	(a) [X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)												
01/17/2006 HT 01 FC:1251		000070 23008 00 DA	5 1(Extension [X] one mon [] two mont [] three mon [] four mont	hs nths	<u>Fee</u> \$120.00 \$450.00 \$1020.00 \$1,590.00								
		[] Ap <sub>l</sub> bei	olicant believes th ng made to provic	at no extension of t	Fee \$ 120 sider this a petition theref erm is required. Howeve that applicant has inadve	r, this conditional petition	n is						

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## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a sm	all entity)							
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total			
Total Claims	37	- = 37	0	x \$50.00	\$0.00			
Independent Claims	6	- = 6	0	x \$200.00	\$0.00			
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00								
Total Fees								

## **PAYMENT OF FEES**

5. The full fee due in connection with this communication is provided as follows:

12/09/2005

- [ x ] The Commissioner is hereby authorized to charge any fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

  A duplicate copy of this authorization is enclosed.
- [ ] A check in the amount of \$
- [ X ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,

Date:

Jose S. Garcia

Reg. No. 43,628